



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee Friday, July 23, 2021

9:30 a.m. – 11:30 a.m.

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium  
Miami, FL 33130

### AGENDA

- |       |   |                     |
|-------|---|---------------------|
| I.    | Call to Order/Introductions   | Carlos Palacios     |
| II.   | Resource Persons  | Carlos Palacios     |
| III.  | Floor Open to the Public  | Dr. Robert Goubeaux |
| IV.   | Review/Approve Agenda   | All                 |
| V.    | Review/Approve Minutes of April 23, 2021                                | All                 |
| VI.   | Reports   |                     |
|       | • Membership Vacancies  | Marlen Meizoso      |
|       | • Partnership Report (pending)  | Marlen Meizoso      |
|       | • Ryan White Program  | Carla Valle-Schwenk |
|       | • ADAP Program  | Dr. Javier Romero   |
| VII.  | Standing Business   |                     |
|       | • 2021 Calendar of Activities/Work Plan Update                          | All                 |
| VIII. | New Business  |                     |
|       | • TTRA update   | Carla Valle-Schwenk |
|       | • Primary Medical Care Standards  | All                 |
| IX.   | Announcements   | All                 |
| X.    | Next Meeting: <b>August 27, 2021</b> at Main Library- <b>Auditorium</b> | Dr. Robert Goubeaux |
| XI.   | Adjournment   | Carlos Palacios     |



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For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com)

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## **Floor Open to the Public**

*“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.*

*“BSR has a dedicated phone line and email for statements to be read into the record. No statements were received.”*



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**Medical Care Subcommittee Meeting  
Miami-Dade Public Library, Auditorium  
101 West Flagler, Miami, FL 33130 and Zoom  
April 23, 2021**

#	Members	Physically Present	Virtually Present	Absent	Guests	
1	Baez, Ivet	x			Brad Mester	
2	Bauman, Dallas		x		Karla Drummond	
3	Cortes, Wanda	x			Ray Sawaged	
4	Dougherty, James	x				
5	Goubeaux, Robert	x				
6	McFeely, John	x				
7	Palacios, Carlos	x				
8	Pinero, Carmen	x				
9	Romero, Javier		x			
10	Torres, Johann	x				
11	Thornton, Darren	x				
12	Valle-Schwenk, Carla	x			<b>Staff</b>	
13	Vasquez, Silvana		x		Christina Bontempo	Robert Ladner
<b>Quorum: 5</b>					Marlen Meizoso	

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at [www.aidsnet.org/meeting-documents](http://www.aidsnet.org/meeting-documents). This meeting was held in a hybrid format with some members and guests participating via Zoom while other members maintained physical quorum.

**I. Call to Order/Introductions**

Carlos Palacios, the Chair, called the meeting to order at 9:38 a.m. He welcomed everyone and indicated some agenda items have been modified for a virtual format.

**II. Meeting Housekeeping**

Marlen Meizoso reviewed the Meeting Housekeeping and Rules presentation (copy on file), which reviewed the revised steps for hybrid meetings to ensure a good meeting environment.

**III. Roll Calls**

Members names were called, and they indicated their presence by voice for those physically at the meeting or chatting "Here" or "Present" in the chat box for members on Zoom. Guest names were called and indicated they were present either via chat or by voicing their presence.

**IV. Floor Open to the Public**

Mr. Palacios read the following: *“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.”*

“BSR has a dedicated phone line and email for statements to be read into the record. No statements were received.”

There were no comments, so the floor was closed.

#### **V. Review/Approve Agenda**

The Subcommittee reviewed the agenda and voted to accept it as presented.

**Motion to accept the agenda.**

**Moved: Robert Goubeaux**

**Second: John McFeely**

**Motion: Passed**

#### **VI. Review/Approve Minutes of January 22, 2021**

Members reviewed the minutes of January 22, 2021 and accepted them with no changes.

**Motion to accept the minutes of January 22, 2021.**

**Moved: John McFeely**

**Second: Dr. Johann Torres**

**Motion: Passed**

#### **VII. Reports-Question and Answer**

Carlos Palacios indicated that with the streamlined meeting process, reports will not be reviewed at the meeting. The Ryan White Part A, ADAP, Vacancy and motions reports have been posted online at [aidsnet.org](http://aidsnet.org). Questions regarding the report were requested but there were none. If anyone has any questions after the meeting, these can be forwarded to staff.

#### **XI. Standing Business**

- Letters of Medical Necessity for Phenotypes

*All*

Mrs. Meizoso explained that at the last meeting the Letter of Medical Necessity was updated. In March 2021, the County consulted with Dr. Beal regarding phenotypes. Locally, a letter of medical necessity is needed for phenotypes. Data regarding utilization was shared at the prior meeting and is attached. Dr. Beal shared concerns about the use of a letter for phenotypes given that usage was low. If the Subcommittee wanted to keep the letter, they should consider streamlining verbiage. The Subcommittee reviewed the suggestions and decided to recommend its removal since additional barriers to access were not warranted given low usage. Should usage be unusually high, the Subcommittee can address the issue then. A motion was made to remove the letter.

**Motion to remove the Antiretroviral Assay Letter of Medical Necessity for Phenotype.**

**Moved: John McFeely**

**Second: Wanda Cortes**

**Motion: Passed**

- Letters of Medical Necessity for Testosterone

*All*

Mrs. Meizoso explained that at the last meeting, the Subcommittee suggested reviewing the history of the testosterone letter of medical necessity. A letter of medical necessity has existed since before 2003; revisions to the letter have been made in 2003, 2009, 2015, 2018, 2019/2020 and 2021. The primary concern is to ensure that only clients who meet clinical criteria receive the medications. There were issues in the past with high utilization. Currently, utilization is low. The Medicaid program does not require a letter of medical necessity for this medication. The only restrictions relate to usage for 18 years and older. The Subcommittee decided to recommend removal of the letter since additional barriers to access were not warranted given low usage. Should usage be unusually high, the Subcommittee can address the issue then.



## **Motion to remove the Letter of Medical Necessity for Testosterone.**

**Moved: : John McFeely**

**Second: Dallas Bauman**

**Motion: Passed**

- Work Plan Revision

*All*

Mrs. Meizoso reviewed the April 2021 version of the workplan (copy on file) and the assigned tasks. The Subcommittee agreed to the timeline suggested. No business items are available at this time for a May meeting, so the Subcommittee suggested cancelling the meeting. Since there would be no meetings scheduled for May and June Subcommittee members were tasked with reviewing the service standards and forwarding comments for review prior to the July meeting. In July, a brief presentation on long-acting ARVS will be held. John McFeely indicated that lung cancer screenings should be incorporated into the standards based on the Preventive Taskforce recommendations.

## **XII. New Business**

- Cabenuva Update

Carla Valle-Schwenk

Carla Valle-Schwenk provided a quick overview of the Cabenuva training that was held earlier in the week. A copy of the Five Barriers document created by the Department of Health was shared (copy on file). Cabenuva, the newest long-acting antiretroviral medication has been FDA approved and will likely be added to the ADAP formulary at the end of April or early May. In preparation for this addition, a joint training was held with Department of Health staff, ADAP staff, ViiV staff. For Part A clients in Miami-Dade, the County would reimburse for administering the medication if using CPT code 96372, entering this code in Provide® Enterprise Miami data system, and noting this is for Cabenuva®. A team approach (medical practitioner, medical office staff, medical case managers, peers, and outreach workers) is crucial to the success of the client experience with Cabenuva® to ensure the client goes back for monthly injections. It is of vital importance for clients on Cabenuva® to remain actively enrolled in Part A and ADAP. Ms. Valle-Schwenk indicated that she will forward additional information with links to staff to forward to the Subcommittee.

- Anchor Study Update

John McFeely provided an update on the semi-annual conference on the Anchor Study. At the local site 95% of patients screened show signs of being HPV positive. Along with being HPV positive additional qualifiers include being 35 and older who are HIV positives. Screenings take about two weeks to get HRA done, and clients are paid \$100 for visit.

- Substance Use Disorder

Mrs. Meizoso reviewed the four documents regarding Substance Use disorders (copies on file). The first document from the FADAA details the rise of substance use during the COVID-19 pandemic in the State of Florida. The second document from CDC MMWR detailed methamphetamine usage in the US. The third document detailed a new NIH study on naloxone and buprenorphine treatment for methamphetamine use disorder. The last document is from SAMHSA the Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders which is an evidence-based resource guide series. The SAMHSA guide will be placed online as a resource for providers. The Subcommittee wanted to emphasize to the Care and Treatment Committee that substance use treatment is an important component of care especially during COVID-19.

## **XIII. Announcements**

Mr. Palacios announced that all announcements were posted online at [www.aidsnet.org](http://www.aidsnet.org)

## **XIV. Next Meeting**

The next Subcommittee indicated they would cancel their May meeting.

**Motion to cancel the May 7 Medical Care Subcommittee meeting.**  
**Moved: Dr. Robert Goubeaux      Second: Dr. Johann Torres**

**Motion: Passed**

The next meeting is scheduled for July 23 , 2021.

**XV.    Adjournment**

**Motion to adjourn.**  
**Moved: John McFeely      Second: Dr. Robert Goubeaux**

**Motion: Passed**

Mr. Palacios adjourned the meeting at 10:19 a.m.

DRAFT



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# Membership Report

## June 2021

### The Miami-Dade HIV/AIDS Partnership

*The official Ryan White Program Planning Council in Miami-Dade County and Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners*

### Opportunities for People with HIV

*People with HIV who receive one or more Ryan White Program Part A services and who are not affiliated or employed by a Ryan White Program Part A funded service provider are invited to join the Partnership as a Representative of the Affected Community. (8 available seats)*

### General Membership Opportunities

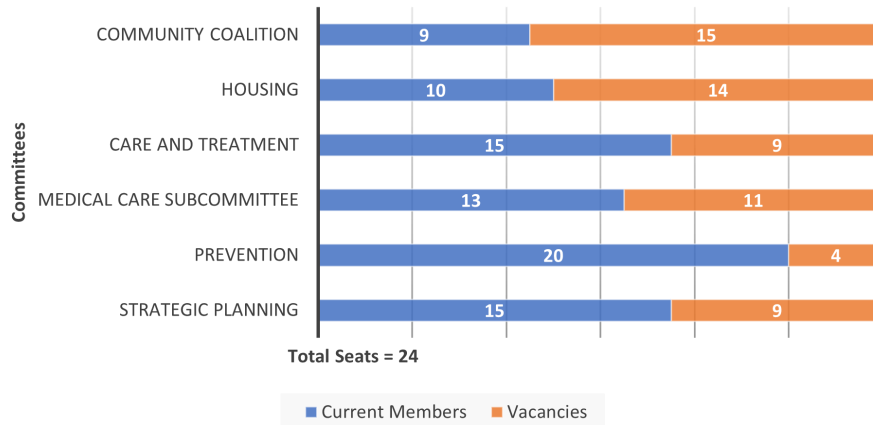
*These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:*

- Representative Co-infected with Hepatitis B or C
- Former Inmate of Local, State, or Federal Prison Representative
- Federally Recognized Indian Tribe Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative
- Non-Elected Community Leader, not an HIV Provider

### Partnership Committees

*Partnership Committees are accepting applications for new members. People with HIV are encouraged to apply.*

### Partnership Committee Vacancies



Visit [aidsnet.org/membership](https://aidsnet.org/membership) for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com) or 305-445-1076 for assistance.



## Are you a Member?

***Thank you for your service to people with HIV!***  
Be sure to bring a Ryan White client to your next meeting!

## Do You Qualify for Membership?

*If you answer "Yes" to these questions, you could qualify for membership!*

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

*Note: Some seats for people with HIV are exempt from this requirement.*

Can you volunteer three to five hours per month for Partnership activities?



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## Committee Activities

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!  
*People with HIV are encouraged to join!*

- ⓧ Allocate more than \$27 million in Ryan White Program funds with the **Care and Treatment Committee**
- ⓧ Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- ⓧ Recruit and train new Partnership members with the **Community Coalition**
- ⓧ Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
- ⓧ Oversee updates and changes to medical treatment guidelines for the Ryan White Part/MAI Program with the **Medical Care Subcommittee**
- ⓧ Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the **Care and Treatment Committee**
- ⓧ Share a meal and testimonials at Roundtable Luncheons with the **Community Coalition**
- ⓧ Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee & Prevention Committee**
- ⓧ Develop your leadership skills and be a committee leader with the **Executive Committee**
- ⓧ Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- ⓧ Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee & Strategic Planning Committee**
- ⓧ Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

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| IX.   | Announcements   | All                        |
| X.    | Next Meeting: <b>August 27, 2021</b> at Main Library- <b>Auditorium</b> | Dr. Robert Goubeaux        |
| XI.   | Adjournment   | Carlos Palacios            |



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**RYAN WHITE PART A GRANT AWARD (BU0330)**  
**EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR30**  
**FORMULA AND SUPPLEMENTAL FUNDING**  
**Per Resolution #s: R-1125-19, R-246-20, R-247-20, AND R-817-19**



GRANT #: BU0330	AWARD AMOUNTS	GRANT DETAILS	
Grant Award Amount Formula	15,610,424.00	01FORM	
Grant Award Amount FY'18 Formula	1,632.00	01FOR2	
Grant Award Amount Supplemental	7,612,515.00	01SUPP	
Grant Award Amount FY'18 Supplemental	697,021.00	01SUP2	23,921,592.00
Carryover Award FY'19 Formula	707,084.00	01CYOV	W/out CO
<b>Total Award</b>	<b>\$ 24,628,676.00</b>		

**CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS**

**DIRECT SERVICES:**

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	8,661,870.00	
AIDS Pharmaceutical Assistance	66,007.00	
Oral Health Care	2,888,975.00	
Health Insurance Services	459,450.00	
Mental Health Therapy/Counseling	123,257.00	
Medical Case Management	5,745,493.00	
Substance Abuse - Outpatient	44,128.00	17,989,180.00

Support Services	Allocations	
Emergency Financial Assistance	0.00	
Food Bank	1,303,799.00	
Other Professional Services	154,449.00	
Medical Transportation	150,649.00	
Outreach Services	264,696.00	
Substance Abuse - Residential	1,773,744.00	3,647,337.00

**DIRECT SERVICES TOTAL:** \$ 21,636,517.00

Total Core Allocation	17,989,180.00	
Target at least 80% core service allocation	17,309,213.60	
<b>Current Difference (Short) / Over</b>	<b>\$ 679,966.40</b>	
<b>Grantee Admin. (GC, ACMS, BSR Staff)</b>	<b>\$ 2,392,159.00</b>	
<b>Quality Management</b>	<b>\$ 600,000.00</b>	
<b>(+) Unobligated Funds / (-) Over Obligated:</b>	<b>2,992,159.00</b>	<b>24,628,676.00</b>
Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ -	Check: \$0.00

**Core medical % against Total Direct Service Allocation (Not including C/O):**  
 Cannot be under 75% **83.14%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% **2.51%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% **10.00%** **Within Limit**

**CURRENT CONTRACT EXPENDITURES**

**DIRECT SERVICES:**

S/O	Core Medical Services	Expenditures	Carryover Expenditures
60661	Outpatient/Ambulatory Health Svcs	6,911,765.91	
49212	AIDS Pharmaceutical Assistance	4,996.81	
21610	Oral Health Care	1,645,878.57	
22353	Health Insurance Services	289,193.00	
11404	Mental Health Therapy/Counseling	82,435.31	
21110	Medical Case Management	4,932,874.00	
21612	Substance Abuse - Outpatient	19,527.19	
			13,886,670.79

S/O	Support Services	Expenditures	Carryover Expenditures
22430	Emergency Financial Assistance	0.00	
49225	Food Bank	596,618.40	707,084.00
21210	Other Professional Services	146,335.50	
60240	Medical Transportation	5,641.90	
22470	Outreach Services	118,293.86	
22413	Substance Abuse - Residential	1,320,120.00	
			2,894,093.66

**TOTAL EXPENDITURES DIRECT SVCS & % :** \$ 16,780,764.45 **77.56%**

**Formula Expenditure % 95.56%**

<b>Grantee Administration</b>	<b>1,979,378.19</b>	
<b>Quality Management</b>	<b>600,000.00</b>	2,579,378.19
<b>Grant Unexpended Balance</b>	<b>5,268,533.36</b>	
<b>Total Grant Expenditures &amp; %</b>	<b>\$ 19,360,142.64</b>	<b>78.61%</b>

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75% **86.39%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% **2.51%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% **8.27%** **Within Limit**



**RYAN WHITE PART A GRANT AWARD (BU0330)**  
**EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR30**  
**MINORITY AIDS INITIATIVE (MAI) FUNDING**  
**Per Resolution #s: R-1125-19, R-246-20, R-247-20, AND R-817-19**

GRANT #: BU0330	AWARD AMOUNTS	GRANT DETAILS
Grant Award Amount MAI	2,688,357.00	02MAIA
Grant Award Amount FY'18 MAI	23,133.00	02MAI2 2,711,490.00
Carryover Award FY'19 MAI	382,451.00	02MAIC W/out C/O
<b>Total Award</b>	<b>\$ 3,093,941.00</b>	

**CONTRACT ALLOCATIONS**

**DIRECT SERVICES:**

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	1,491,992.00	
AIDS Pharmaceutical Assistance		
Oral Health Care		
Health Insurance Services		
Mental Health Therapy/Counseling	18,960.00	
Medical Case Management	1,156,338.00	
Substance Abuse - Outpatient	8,058.00	2,675,348.00

Support Services	Allocations	
Emergency Financial Assistance	0.00	
Food Bank		
Other Professional Services		
Medical Transportation	7,628.00	
Outreach Services	39,816.00	
Substance Abuse - Residential		47,444.00

**DIRECT SERVICES TOTAL:** \$ 2,722,792.00

Total Core Allocation 2,675,348.00  
 Target at least 80% core service allocation 2,178,233.60  
**Current Difference (Short) / Over** \$ 497,114.40

**Grantee Admin. (OGC)** \$ 271,149.00

**Quality Management** \$ 100,000.00

(+) Unobligated Funds / (-) Over Obligated: 371,149.00 3,093,941.00  
 Unobligated Funds (MAI) \$ -  
 Unobligated Funds (Carry Over) \$ - Check: 0.00

**Core medical % against Total Direct Service Allocation (Not including C/O):**  
 Cannot be under 75% 98.26% Within Limit

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% 3.69% Within Limit

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% 10.00% Within Limit

**CURRENT CONTRACT EXPENDITURES**

**DIRECT SERVICES:**

S/O	Core Medical Services	Expenditures	Carryover Expenditures
60661	Outpatient/Ambulatory Health Svcs	355,854.01	130,033.00
49212	AIDS Pharmaceutical Assistance		
21610	Oral Health Care		
22355	Health Insurance Services		
11404	Mental Health Therapy/Counseling	7,584.00	
21110	Medical Case Management	242,653.14	108,414.55
21612	Substance Abuse - Outpatient	4,029.00	

S/O	Support Services	Expenditures	Carryover Expenditures
22430	Emergency Financial Assistance	0.00	
49225	Food Bank		
21210	Other Professional Services		
60240	Medical Transportation	0.00	
22470	Outreach Services	29,861.00	
22413	Substance Abuse - Residential		

**TOTAL EXPENDITURES DIRECT SVCS & %:** \$ 878,428.70 32.26%

**Grantee Administration** 139,567.75

**Quality Management** 99,999.96 239,567.71

**Grant Unexpended Balance** 1,975,944.59

**Total Grant Expenditures & % (Including C/O):** \$ 1,117,996.41 36.14%

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75% 96.60% Within Limit

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% 3.69% Within Limit

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% 5.15% Within Limit



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee Friday, July 23, 2021

9:30 a.m. – 11:30 a.m.

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium  
Miami, FL 33130

### AGENDA

- |       |   |                          |
|-------|---|--------------------------|
| I.    | Call to Order/Introductions   | Carlos Palacios          |
| II.   | Resource Persons  | Carlos Palacios          |
| III.  | Floor Open to the Public  | Dr. Robert Goubeaux      |
| IV.   | Review/Approve Agenda   | All                      |
| V.    | Review/Approve Minutes of April 23, 2021                                | All                      |
| VI.   | <b>Reports</b>  |                          |
|       | • Membership Vacancies  | Marlen Meizoso           |
|       | • Partnership Report (pending)  | Marlen Meizoso           |
|       | • Ryan White Program  | Carla Valle-Schwenk      |
|       | • <b>ADAP Program</b>   | <b>Dr. Javier Romero</b> |
| VII.  | Standing Business   |                          |
|       | • 2021 Calendar of Activities/Work Plan Update                          | All                      |
| VIII. | New Business  |                          |
|       | • TTRA update   | Carla Valle-Schwenk      |
|       | • Primary Medical Care Standards  | All                      |
| IX.   | Announcements   | All                      |
| X.    | Next Meeting: <b>August 27, 2021</b> at Main Library- <b>Auditorium</b> | Dr. Robert Goubeaux      |
| XI.   | Adjournment   | Carlos Palacios          |



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**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State in the Nation

**Ron DeSantis**

Governor

**Scott A. Rivkees, MD**

State Surgeon General

**March 2021**

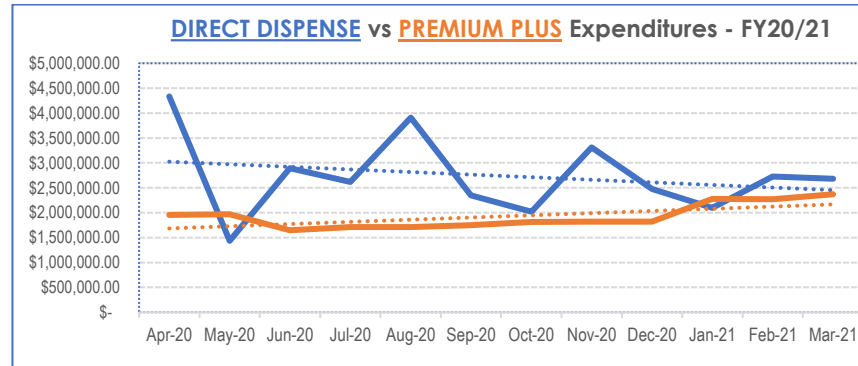
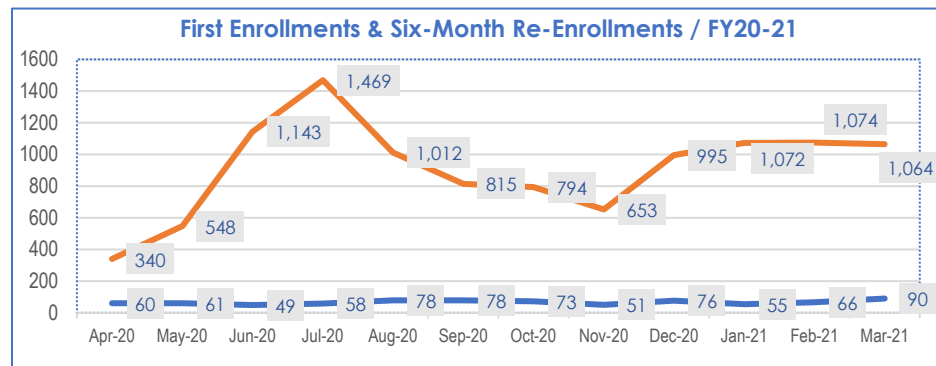
**ADAP Miami-Dade / Preliminary Summary Report – FY 2020/2021**

FY 20/21	First Enrollments	6-mo. Re-Enrollments	TOTAL OPEN	CHD Pharmacy Expenditures	RXs	Patients	RX/Pt	Premium Payments	Number of Premiums	Average Premium
Apr-20	60	340	6,352	\$4,333,133.87	8,271	2,815	2.9	\$1,956,513.58	2228	\$ 878.15
May-20	61	548	6,401	\$1,434,289.65	2,605	1,014	2.6	\$1,969,923.35	2248	\$ 876.30
Jun-20	49	1,143	4,414	\$2,895,422.35	5,514	1,882	2.9	\$1,646,967.06	1868	\$ 881.67
Jul-20	58	1,469	4,813	\$2,615,961.21	4,097	1,442	2.8	\$1,709,454.62	1956	\$ 873.95
Aug-20	78	1,012	5,329	\$3,907,327.65	5,302	1,800	2.9	\$1,710,234.89	1986	\$ 861.15
Sep-20	78	815	5,505	\$2,348,591.65	3,512	1,189	3.0	\$1,748,953.44	2042	\$ 856.49
Oct-20	73	794	5,762	\$2,020,011.87	3,210	1,094	2.9	\$1,815,989.33	2115	\$ 858.62
Nov-20	51	653	5,815	\$3,308,569.45	4,863	1,559	3.1	\$1,820,370.09	2121	\$ 858.26
Dec-20	76	995	5,765	\$2,476,310.34	3,827	1,300	2.9	\$1,818,513.05	2122	\$ 856.98
Jan-21	55	1,072	5,769	\$2,096,849.84	3,211	1,110	2.9	\$2,278,320.06	2195	\$ 1,037.96
Feb-21	66	1,074	5,773	\$2,727,812.49	4,256	1,371	3.1	\$2,270,017.21	2214	\$ 1,025.30
Mar-21	90	1,064	5,766	\$2,679,073.95	4,010	1,368	2.9	\$2,369,904.49	2300	\$ 1,030.39
<b>TOTAL</b>	<b>795</b>	<b>10,979</b>	<b>5,766</b>	<b>\$32,843,354.32</b>	<b>52,678</b>	<b>17,944</b>	<b>2.9</b>	<b>\$23,115,161.17</b>	<b>25,395</b>	<b>\$ 910.22</b>

SOURCE: Provide – DATE: 04/19/21 – Subject to Review & Editing

ADAP-Miami @ West Perrine – not included in report

- Estimate for ~300 Direct Dispense clients served through CVS Specialty (\$4.5-5.5 million/TBC)



**PROGRAM UPDATE**

- 01/28 – Federal Executive Order: Special Enrollment Period into ACA-MP (February 15 – May 15)
- 02/24 – ADAP clients with COBRA or High Utilization rates, eligible to apply for ACA-MP insurance (FLADAP approved plans)
- 02/26 – Executive Order: Suspension of CD4 and Viral Load requirement, extended to April 27, 2021
- 03/23 – Extension of Special Enrollment Period into ACA-MP (February 15 – August 15)
- 03/25 – ADAP Program & CHD Pharmacy completed 1 year of Emergency Operations (Drive-Thru & Walk-Up services; 18,000+ clients served)

For additional information: [www.ADAPMiami.com](http://www.ADAPMiami.com) or [ADAP.FLDOHMDC@flhealth.gov](mailto:ADAP.FLDOHMDC@flhealth.gov)

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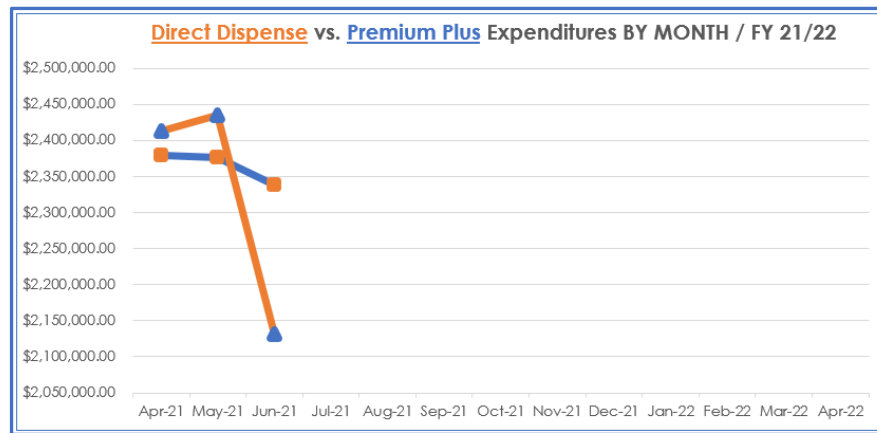
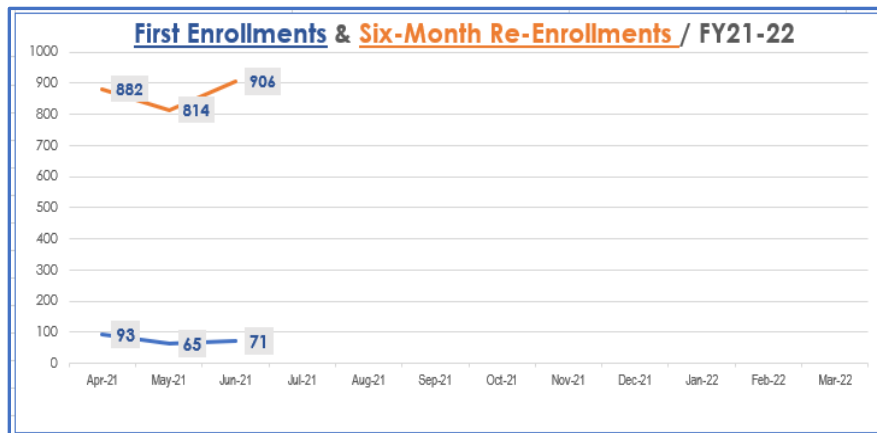
**Scott A. Rivkees, MD**  
State Surgeon General

July 14, 2021

**ADAP Miami-Dade / Preliminary Summary Report – June 2021**

FY 21/22	First Enrollments	6-mo. Re-Enrollments	TOTAL OPEN	CHD Pharmacy Expenditures	RXs	Patients	RX/Pt	Premium Payments	Number of Premiums	Average Premium
FY20/21 >>	795	10,979	5,766	\$32,843,354.32	52,678	17,944	2.9	\$23,115,161.17	25,395	\$ 910.22
Apr-21	93	882	5,921	\$2,379,896.89	3,824	1,285	3.0	\$2,413,106.07	2,366	\$1,019.91
May-21	65	814	5,935	\$2,376,870.79	3,856	1,289	3.0	\$2,435,148.77	2,392	\$1,018.04
Jun-21	71	906	5,915	\$2,337,952.33	3,997	1,313	3.0	\$2,131,887.00	1,917	\$1,030.20
Jul-21										
Aug-21										
Sep-21										
Oct-21										
Nov-21										
Dec-21										
Jan-22										
Feb-22										
Mar-22										
<b>TOTAL</b>	<b>229</b>	<b>2,602</b>	<b>5,915</b>	<b>\$7,094,720.01</b>	<b>11,677</b>	<b>3,887</b>	<b>3.0</b>	<b>\$6,980,141.84</b>	<b>6,675</b>	<b>\$1,045.71</b>

SOURCE: Provide - DATE: 06/15/21 - Subject to Review & Editing - West Perrine: NOT INCLUDED. (Estimate ~300 clients \$4.5-5.5 million/TBC).



**PROGRAM UPDATE**

- 03/23 – Special Enrollment Period / ACA-MP (02/15 – 08/15). SEP Outreach: COBRA & High Utilizers; no FPL requirement: 224 clients; 71 referrals.
- 05/13 – ADAP Formulary Expansion: Long Acting Injectable ARV: Cabenuva® - Vocabria®. Providers driven, thru ViiV Connect.
- 06/10 – COBRA refunds belong to ADAP. Checks need to be returned to BRHPC.

For additional information: [www.ADAPMiami.com](http://www.ADAPMiami.com) or [ADAP.FLDOHMDC@flhealth.gov](mailto:ADAP.FLDOHMDC@flhealth.gov)



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| II.   | Resource Persons  | Carlos Palacios     |
| III.  | Floor Open to the Public  | Dr. Robert Goubeaux |
| IV.   | Review/Approve Agenda   | All                 |
| V.    | Review/Approve Minutes of April 23, 2021                                | All                 |
| VI.   | Reports   |                     |
|       | • Membership Vacancies  | Marlen Meizoso      |
|       | • Partnership Report (pending)  | Marlen Meizoso      |
|       | • Ryan White Program  | Carla Valle-Schwenk |
|       | • ADAP Program  | Dr. Javier Romero   |
| VII.  | <b>Standing Business</b>  |                     |
|       | • <b>2021 Calendar of Activities/Work Plan Update</b>                   | <b>All</b>          |
| VIII. | New Business  |                     |
|       | • TTRA update   | Carla Valle-Schwenk |
|       | • Primary Medical Care Standards  | All                 |
| IX.   | Announcements   | All                 |
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**Medical Care Subcommittee  
Calendar of Activities 2021**

Month	Activities							Notes
	Officer Elections	Conflict of Interest Forms/Financial Disclosure Forms	Outpatient/Ambulatory Medical Care Standards	Allowable Medical Conditions, as needed	Ryan White Prescription Drug Formulary, as needed	Oral Health Care Items	Committee Items (items added as needed)	
January	x	x					x	elections, disclosures, letters of medical necessity (LOMN)
February	N	N	N	N	N	N	N	
March	N	N	N	N	N	N	N	
April							x	LOMN phenotype and testosterone, Cabenuva update, Anchor Study update, substance use disorder
May	N	N	N	N	N	x	x	members will review standards and forward recommendations ; information will be forward a end of month
June	N	N	N	N	N	N	N	members will review standards and forward recommendations
July			x					review standards
August			x				x	long acting ARVS, continue with medical standards, service descriptions
September			x		x-suggested		x	continue with medical standards, service descriptions, oral health care items
October			x				x	continue with medical standards and service descriptions
November			x			x	x	nominations for officers, finalize medical standards and service descriptions, 2022 planning
December	N	N	N	N	N	N	N	

**Comments:**  
N=no meeting



# MIAMI-DADE HIV/AIDS PARTNERSHIP

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# TEST & TREAT/RAPID ACCESS Miami-Dade County Overview for Medical Practitioners

**REVISED**

**February 25, 2021**

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H89HA00005, CFDA #93.914 - HIV Emergency Relief Project Grants, as part of a Fiscal Year 2020 award totaling \$26,633,082, as of April 8, 2020, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.



# World Health Organization Recommendations

“WHO [World Health Organization] recommends ART for all people with HIV as soon as possible after diagnosis...Huge reductions have been seen in rates of death and infections [from HIV/AIDS] when use is made of a potent ARV [antiretroviral] regimen, particularly in the early stages of disease” (World Health Organization, 2019, para. 1).

aidsnet.org

# Test & Treat/Rapid Access Goal for Miami-Dade County

For all **people with HIV** who are not in care, facilitate immediate access to HIV medical care and antiretroviral therapy (ART) to improve client health outcomes, reduce viral load in the community, and get the number of new HIV infections to zero.

# Why is Test & Treat/Rapid Access Important?

- **Shortens** the lag time between diagnosis and engagement in care for treatment-naïve (newly diagnosed) persons with HIV (Crowley & Bland, 2018)
  - **Facilitates** rapid re-engagement of PLWH who had been in care before (Berger et al., 2015)
  - **Immediately acts to reduce viral load levels** to suppress further infections, while allowing refinements in treatment strategy if subsequent analyses suggests more appropriate ARVs would be preferable (Crowley & Bland, 2018)
- *Note: since 2012, updated federal treatment guidelines recommend offering ART immediately upon diagnosis, and several randomized trials have validated this recommendation (see N Engl J Med., 2015, 795-807)*

# Miami-Dade County Test & Treat/Rapid Access Data

- The data in these graphics represent 1,719 people with HIV who were linked to Ryan White Program care through the local TTRA process from July 1, 2018 through February 24, 2021.
- All TTRA Ryan White Program (RWP) clients included in this analysis had a recorded baseline viral load measurement and were prescribed HIV ART as part of the TTRA protocol. Clients who were subsequently determined to be ineligible for RWP Part A services or were determined to be HIV-negative were removed from this analysis.
- Some people with HIV who initially enrolled in TTRA declined to participate, or were administratively removed (see next page).

# Miami-Dade County

## Test & Treat/Rapid Access Data - Reasons for Decline / Removal

Forty-three (43) people with HIV were initially enrolled in TTRA, but were administratively removed or declined to continue participation, including:

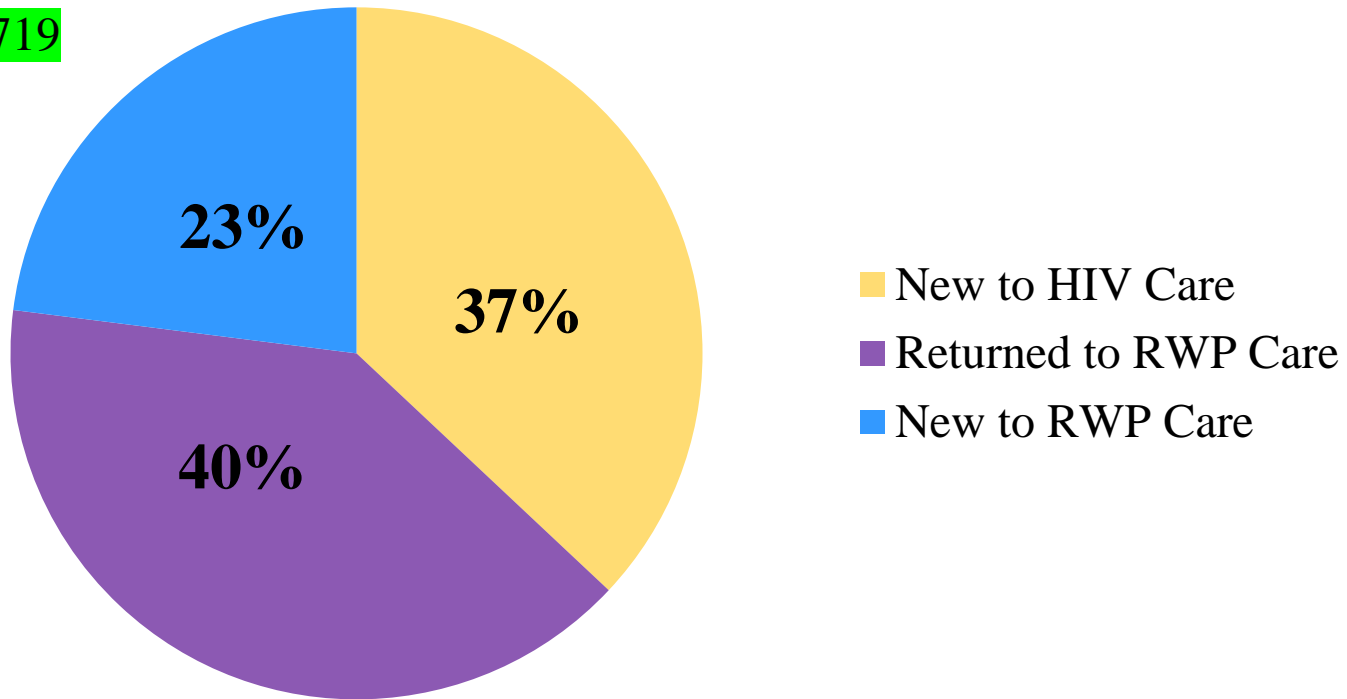
- 20 who had entered TTRA inappropriately, since they were already in RWP care, had existing prescriptions or medications from previous treatment, or were existing RWP clients who wanted to change primary providers.
- 15 who refused to continue with TTRA, no reason given, or stated that they were not ready to start HIV/AIDS treatment immediately;
- Four were referred to General Revenue for non-TTRA formulary/protocol medications;
- Two had insurance, and used that resource rather than the RWP;
- One was determined to be ineligible for treatment by the RWP; and
- One requested counseling before starting ARVs.

# Definitions of the TTRA Clients in this Analysis

- **New to HIV Care:** completely new HIV/AIDS diagnosis, client never in care before.
- **New to RWP Care:** previously diagnosed HIV positive but had never received services from the Miami-Dade County Ryan White Part A/MAI Program (RWP).
- **Returned to RWP Care:** previously in local RWP care, had been lost to RWP care for some period of time, and are now returning to care through TTRA.
  - *Note: the “lost to care” timeframe is not specified. Clients may be considered lost to care if they had missed multiple medical appointments in a row or had been off medications for a few months. This category is not used for clients who are already adherent to RWP care and simply do not wish to wait for a regularly-scheduled appointment.*

# Distribution of People with HIV Entering Miami-Dade Part A TTRA\* (July 2, 2018 through February 24, 2021)

n = 1,719



\*Two clients (0.1%) were not categorized

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# Viral Load of Clients Enrolled in TTRA

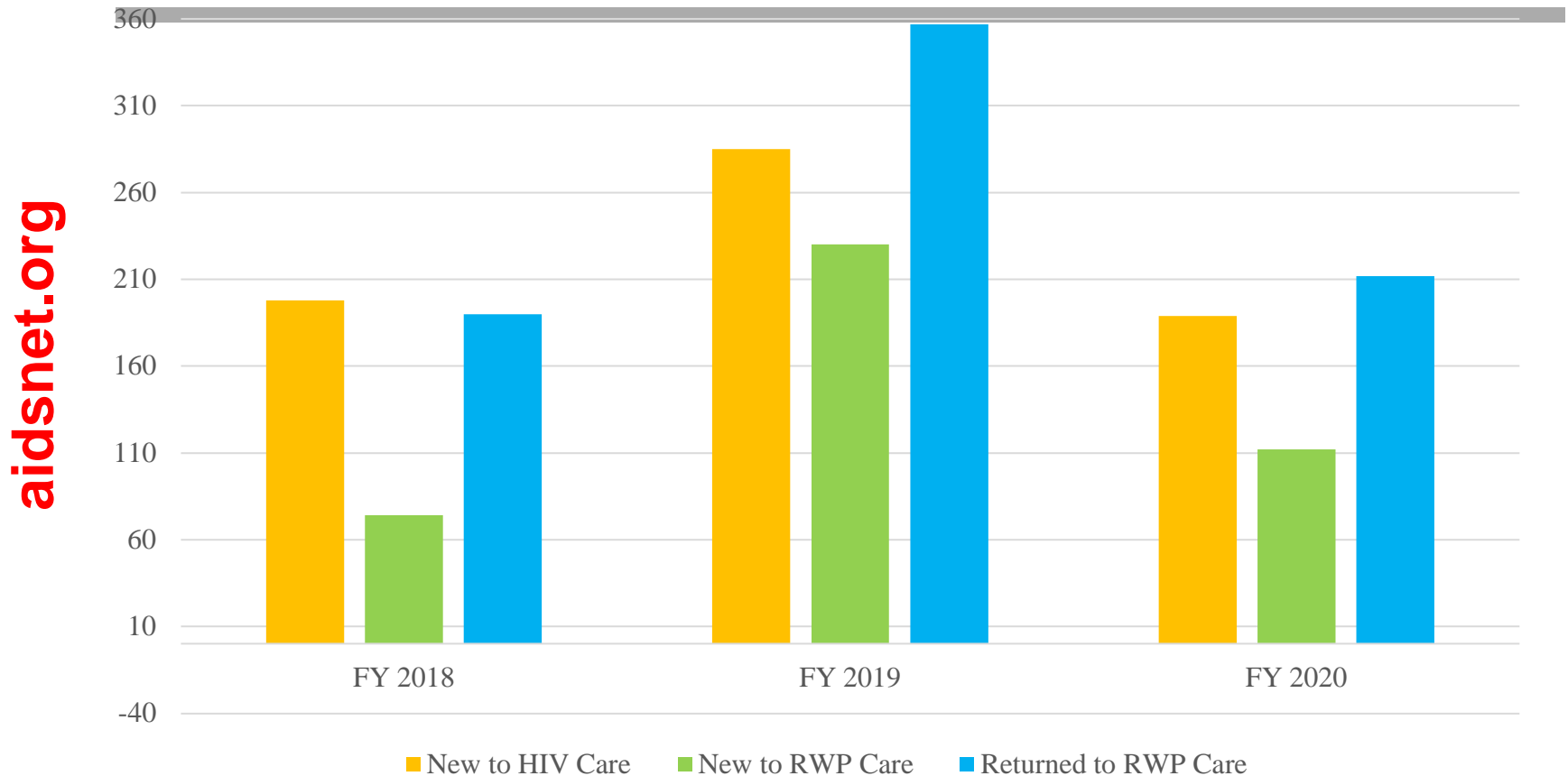
- **New to HIV Care:** 634 (37%) of the 1,719 clients tested and enrolled in TTRA were newly-diagnosed (treatment-naïve). Of these clients, 404 (64%) are reportedly virally suppressed.
- **New to RWP Care:** 390 (23%) of the 1,719 clients entering through TTRA were previously diagnosed and may have previously been in treatment but had not received services through the RWP (26%). Of these clients, 290 (74%) are virally suppressed.
- **Returned to RWP Care:** 693 (40%) of the 1,719 clients were local RWP clients who had been lost to care. Of these clients, 428 (62%) are virally suppressed.

**Note: Two clients were not categorized.**



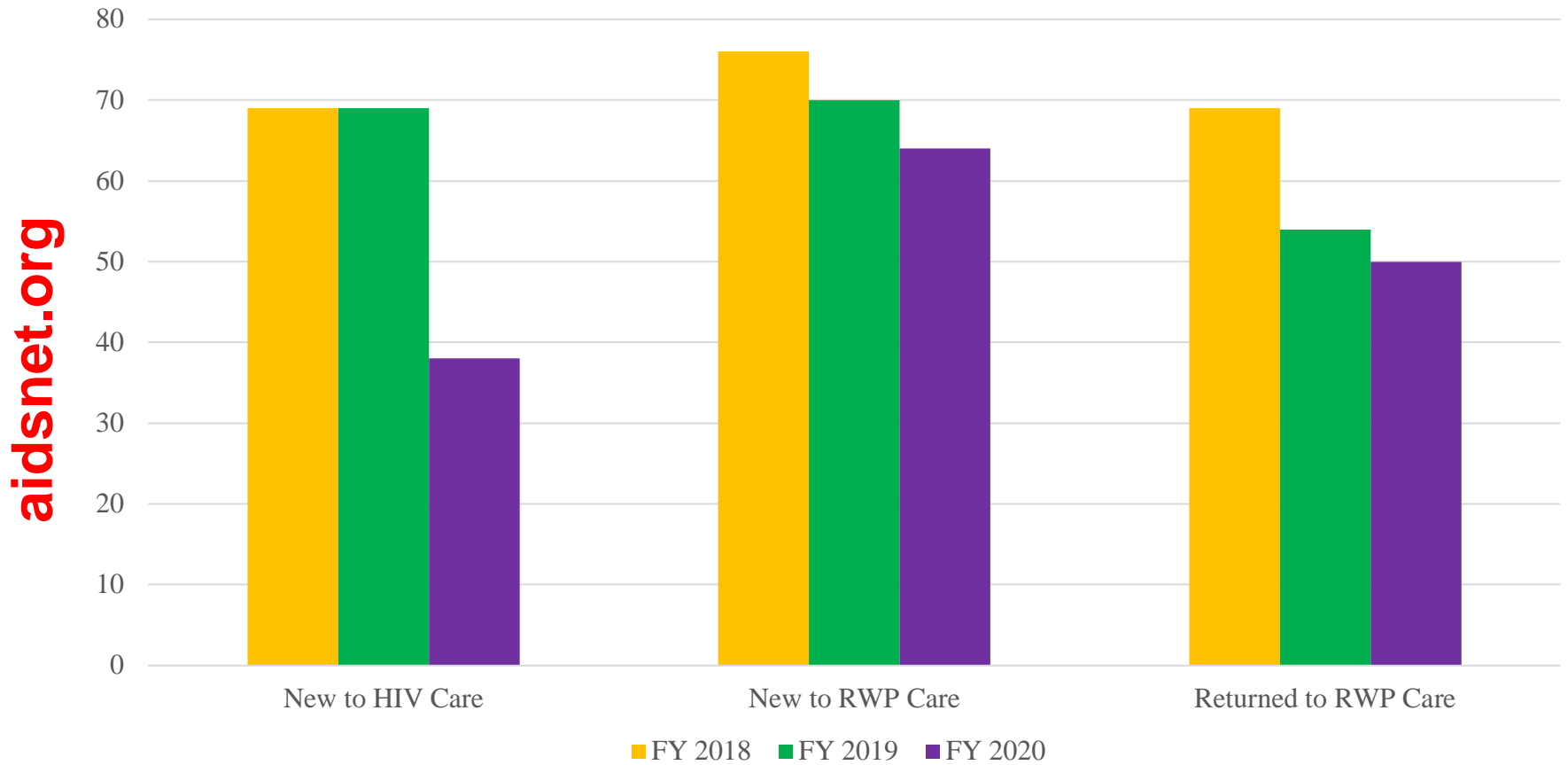
# Comparison of TTRA Enrollments by Fiscal Year (FY)

Clients by TTRA Enrollment Type, FY 2018 to FY 2020



# Comparison of Viral Suppression by Fiscal Year (FY)

Percentage of TTRA Clients who are Virally Suppressed by Enrollment Type and FY



# TTRA Impact on Client Health

- The following three elements of the TTRA process in Miami-Dade County have a demonstrated immediate impact on client health:
  1. Diagnosis with an immediate path to medical care;
  2. Medical care with an immediate path to ARV medication;
  3. ARV medication with an immediate path to viral load suppression.
- Especially among the newly-diagnosed, the sooner the clients are placed on ART, the sooner viral loads are suppressed and the greater the number of clients who are unable to transmit HIV to others.

# TTRA Impact on Client Health (continued)

“The probability of a transmitted mutation impacting negatively on a first current regimen success is low, and if identified early through genotyping has relatively low probability of affecting a second regimen choice.”

-- Michael A. Kolber, Ph.D., M.D.

Professor of Medicine; Vice Chair for Clinical Affairs,  
Department of Medicine; Director, Comprehensive  
AIDS Program; Director, Adult HIV  
Services, Department of Medicine  
University of Miami Miller School of Medicine

- To date, there has been no evidence of harm to a treatment-naïve PLWHA when a client who is started on a **recommended regimen for rapid initiation** is switched to another regimen due to tolerance, simplification or genotypic concerns within 30-60 days.

# Appendix:

## The Test & Treat/Rapid Access Protocol

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# Test & Treat/Rapid Access Protocol

- Conduct abbreviated, first medical visit with focus on treating the client's HIV within 3 days of TTRA enrollment date; preferably same day, but not more than 7 days later; using CPT codes 99201, 99202, 99203, or 99204 (for new patients) **or** 99211, 99212, 99213, or 99214 (for established patients; i.e., those served in same medical group within the past 3 years)
  - *NOTE: Part A/MAI services to TTRA clients with a preliminary positive test result who are ultimately determined to be HIV negative will need to be disallowed from Part A/MAI reimbursement.*
- Write **two** prescriptions (one for the TTRA pharmacy; one for referral to other source of access to medications – **maximum 5 refills**)
- Order appropriate, initial labs (see pages **22 & 23**)

# Test & Treat/Rapid Access Protocol (continued)

- Prescribe ART within 3 days of TTRA enrollment date, preferably same day, but not more than 7 days later
- **Recommended 30-day ART regimens for local TTRA include:\***
  - bicitgravir/tenofovir alafenamide/emtricitabine (Biktarvy®) (see page 20);
  - dolutegravir/lamivudine (Dovato®) (if considering this ART, see pages 17 & 18);
  - dolutegravir (Tivicay®) plus tenofovir alafenamide/emtricitabine (Descovy®);
  - darunavir/cobicistat (Prezcobix®) plus Descovy®;
  - darunavir/cobicistat/emtricitabine/tenofovir alafenamide (Symtuza®) (if considering this ART, see page 19)

*\* To prescribe another ARV medication, please use the local General Revenue Short-Term Medication Assistance referral process.*

## Test & Treat/Rapid Access Protocol (cont'd)

- ARV regimen for women of childbearing potential (or for women presenting with pregnancy potential on inadequate contraception):

❖ emtricitabine/tenofovir disoproxil fumarate (Truvada<sup>®</sup>)

❖ raltegravir (Isentress<sup>®</sup>)

❖ darunavir (Prezista<sup>®</sup>) + ritonavir (Norvir<sup>®</sup>)



# Test & Treat/Rapid Access Protocol (cont'd)

If considering prescribing **dolutegravir/lamivudine (Dovato<sup>®</sup>)**, please note:

- ✓ **Contact ViiV Healthcare for vouchers or Patient Assistance Program; [www.viivconnect.com](http://www.viivconnect.com)**
  
- ❖ ***Indication:* Dovato<sup>®</sup> is indicated as a complete regimen for the treatment of HIV-1 infection in adults with no antiretroviral treatment history or to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) on a stable antiretroviral regimen **with no history of treatment failure and no known substitutions associated with resistance to the individual components.****
  
- ✓ ***Note:* Dovato<sup>®</sup> phase III registrational trials enrolled participants with a screening viral load of 1,000 to  $\leq 500,000$  copies/mL though 2% of participants did rise above that viral load threshold by baseline measurements and **the FDA labeled indication for initial therapy does not restrict use based on baseline viral load.****

# Test & Treat/Rapid Access Protocol (cont'd)

- If considering prescribing **Dovato<sup>®</sup>**: (continued)
- ✓ ***Boxed Warning:*** All patients with HIV-1 should be tested for the presence of HBV **prior to or when initiating** Dovato<sup>®</sup>. Emergence of lamivudine-resistant HBV variants associated with lamivudine-containing antiretroviral regimens has been reported. If Dovato<sup>®</sup> is used in patients co-infected with HIV-1 and HBV, additional treatment should be considered for appropriate treatment of chronic HBV; otherwise, consider an alternative regimen. Severe acute exacerbations of HBV have been reported in patients who are co-infected with HIV-1 and HBV and have discontinued lamivudine, a component of Dovato<sup>®</sup>. Closely monitor hepatic function in these patients and, if appropriate, initiate anti-HBV treatment.
- ✓ This regimen added to TTRA requires the practitioner to be responsible in addressing this risk by assessing lab results in a timely fashion.

## Test & Treat/Rapid Access Protocol (cont'd)

If considering prescribing **darunavir/cobicistat/emtricitabine/tenofovir alafenamide (Symtuza®)**, please note:

*Providers may prescribe this medication, but they must use the voucher provided by Janssen Pharmaceuticals to cover the cost of this medication as the Florida Department of Health cannot be invoiced for this medication.*

*If you need additional vouchers, please contact Sam Quintero, Senior Community Liaison – Florida, Janssen Infectious Diseases and Vaccines, by email to [squinte6@its.jnj.com](mailto:squinte6@its.jnj.com) or phone call to 305-794-7362; or contact Andrew Werner by email to [AWerner4@its.jnj.com](mailto:AWerner4@its.jnj.com) or phone call to 786-371-9651; or Tyler Johnson by email to [BJohns73@its.jnj.com](mailto:BJohns73@its.jnj.com) or phone call to 954-336-4877; or call the health department patient care coordinators for additional vouchers.*

## Test & Treat/Rapid Access Protocol (cont'd)

If considering prescribing **Bictegravir/tenofovir alafenamide/emtricitabine (Biktarvy®)**, please note:

*Samples of Biktarvy® (or any Gilead product) can be requested by contacting the Gilead representative for Miami-Dade, as follows:*

*Cesar Pizarro by phone at 305-283-9014; or email to [Cesar.Pizarro@gilead.com](mailto:Cesar.Pizarro@gilead.com)*

# Test & Treat/Rapid Access Protocol (cont'd)

- ART picked up at pharmacy by client and treatment starts, within 7 days of TTRA enrollment, preferably same day as initial medical visit or next day
- Client coordinates with medical case management staff to establish eligibility for RWP Part A and ADAP as soon as possible, preferably within 14 days of initial TTRA enrollment
  - Timely ADAP enrollment is critical to ensure on-going access to ART;
  - Timely Part A enrollment is necessary for access to on-going medical care and other core medical and support services.
- Schedule additional follow-up medical visits, labs and diagnostics, as needed, AFTER Part A/MAI program eligibility and on-going payer source is determined

# Allowable Lab Tests Under TTRA

- HIV 1,2 Ag/Ab, preferred (CPT 87389), if HIV diagnosis is not confirmed
- Complete Blood Count (CPT 85025 or 85027)
- Comprehensive Metabolic Panel (ALT, AST, creatinine [eGFR] (CPT 80053),
- CD4 count (CPT 86360 or 86361),
- HIV-1 RNA PCR (viral load) (CPT 87536),
- HIV-1 genotype resistance tests (CPT 87900, 87901, and 87906),
- Hepatitis B surface antigen (if indicated; CPT 87340),
  - Also recommended: HBsAg (87340; 87341); HBsAb (86706 qualitative; and 86317 quantitative); HBcAb total (86704), and HBcAb IgM antibody (86705)
  - Note: if HBV vaccine verified, do not need to order HBsAG
- urinalysis (CPT 81000, 81001, and 81003),
- pregnancy test (if indicated, CPT 81025)
- NOTE: CPT code 36415 (collection of venous blood by venipuncture) is also an allowable procedure under TTRA.

## Possible Additional Labs under TTRA

Order the following labs under TTRA, ONLY IF the client is symptomatic or Part A eligibility has been confirmed:

- RPR (rapid plasma reagin) test for syphilis [CPT 86592 qualitative; or 86593 quantitative and 86780 (qualitative or semiquantitative immunoassay)]
- Gonorrhea (CPT 87590 – 87592; and 87850)
- Chlamydia (CPT 87486 or 87491 NAAT; 87485 or 87490 DNA probe)

# References

- Berger, M. E., Sullivan, K. A., Parnell, H. E., Keller, J., Pollard, A., Cox, M. E., Clymore, J. M., & Quinlivan, E. B. (2015). Barriers and facilitators to retaining and reengaging HIV clients in care: A case study of North Carolina. *Journal of the International Association of Providers of AIDS Care (JIAPAC)*, 15(6), 486-493.
- Crowley, J. S., & Bland, S. E. (2018). *Leveraging the Ryan White Program to make rapid start of HIV therapy standard practice*. Washington D.C.: O'Neill Institute for National and Global Health Law.
- World Health Organization (WHO). (2019). *HIV/AIDS: Treatment and care*. [web page]. Retrieved February 27, 2019 at <https://www.who.int/hiv/topics/treatment/en/>.



# TTRA Champions in Miami-Dade County

## Part A OAHS & MCM

### Subrecipients:

- AIDS Healthcare Foundation
- Borinquen Health Care Center
- CAN Community Health
- Care 4 U Community Health Center
- Care Resource Community Health Centers
- Citrus Health Network
- Community Health of South Florida
- Empower U Community Health Center
- Jessie Trice Community Health System
- Latinos Salud
- Miami Beach Community Health Center
- Public Health Trust/Jackson Health System
- University of Miami

### Other Stakeholders:

- Florida Department of Health (in Tallahassee and in Miami-Dade County)
- Miami-Dade County Office of Management & Budget (Part A/MAI Recipient)
- Miami-Dade HIV/AIDS Partnership (local HIV/AIDS planning council)

# Questions? Please contact:

- **Clinical:**  
Dr. Jeffrey Beal, M.D., AAHIVS  
Medical Director, HIV/AIDS Section  
Florida Department of Health  
83 Pondella Road; Room 158c  
Fort Myers, Florida 33903  
850-519-3734 Cell (preferred)  
[Jeff.Beal@flhealth.gov](mailto:Jeff.Beal@flhealth.gov)
- **Part A Process: Access to Part A, incl. medical visit, labs & mental health services:**  
Carla Valle-Schwenk  
Program Administrator  
Miami-Dade County  
Ryan White Part A Program  
111 NW 1st Street, 22nd Floor  
Miami, FL 33128  
(305) 375-3546  
[Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov)
- **FDOH Process – Access to HIV testing and medications:**  
Kira Villamizar, B.S., M.P.H.  
STD/HIV Prevention Program Director  
Florida Dept. of Health in Miami-Dade  
1350 NW 14th Street, 4th Floor, Rm. 401  
Miami, FL 33125  
(305) 575-5424  
[Kira.Villamizar@flhealth.gov](mailto:Kira.Villamizar@flhealth.gov)

Florida Department of Health  
Miami Dade County Health Department Formulary  
HIV Prevention and Rapid Access to Treatment  
Updated 05/21/2021

**Test and Treat (T&T) Formulary – MIAMI-DADE COUNTY**

Rapid access to HIV treatment after an individual is diagnosed is critical. Linkage to a long-term provider should occur no later than 30 days after diagnosis but ideally will happen within seven days.

Below are the medications supported through the Florida Department of Health's Issuance Program for County Health Departments (CHDs).

**As a payor of last resort, we encourage providers to utilize pharmaceutical samples when possible.**

**FORMULARY**

Brand Name	Generic Name	Therapeutic Class	Pharmacologic Class
<b>BIKTARVY®</b>	bictegravir/emtricitabine/tenofovir alafenamide	antiretroviral	INSTI / NRTI Combo
<b>DESCOVY® + PREZCOBIX®</b>	emtricitabine/tenofovir alafenamide + darunavir/ cobicistat	antiretroviral antiretroviral	NRTI Combo PI/NRTI Combo
<b>DOVATO®</b>	dolutegravir/ lamivudine	antiretroviral	INSTI / NRTI Combo
<b>SYM TUZA®</b>	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	antiretroviral	PI / NRTI Combo
<b>TIVICAY® + DESCOVY®</b>	dolutegravir + emtricitabine/tenofovir alafenamide	antiretroviral antiretroviral	INSTI NRTI Combo
<b>FOR PREGNANT WOMEN or WOMEN OF CHILDBEARING POTENTIAL</b>			
<b>TIVICAY®<sup>1</sup> + TRUVADA®</b>	Dolutegravir emtricitabine/tenofovir alafenamide	antiretroviral antiretroviral	INSTI NRTI Combo
<b>TIVICAY® + DESCOVY®</b>	dolutegravir + emtricitabine/tenofovir alafenamide	antiretroviral antiretroviral	INSTI NRTI Combo
<b>PREZISTA® + NORVIR®</b>	darunavir + ritonavir	antiretroviral antiretroviral	PI PI

1. Tivicay® has replaced Isentress as a regimen appropriate and recommended for women at all stages of pregnancy – conception to birth. It may be used with either Truvada or Descovy. The Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission (the Panel) recommends dolutegravir (DTG) as a Preferred antiretroviral (ARV) drug throughout pregnancy and now also recommends DTG as a Preferred ARV for women who are trying to conceive. 2.10.2021

**\*NOTE:** DOVATO® (dolutegravir/lamivudine) has clinical data on use in the T&T scenario (STAT clinical trial). Dovato samples or vouchers can be obtained from ViiV pharmaceutical representatives for use in your clinic. Florida Department of Health cannot be invoiced for this medication.

**\*\*NOTE:** SYMTUZA®; Providers may prescribe this medication, but they must use the voucher provided by Janssen Pharmaceuticals to cover the cost of this medication as the Florida Department of Health cannot be invoiced for this medication.



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee Friday, July 23, 2021

9:30 a.m. – 11:30 a.m.

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium  
Miami, FL 33130

### AGENDA

- |       |   |                     |
|-------|---|---------------------|
| I.    | Call to Order/Introductions   | Carlos Palacios     |
| II.   | Resource Persons  | Carlos Palacios     |
| III.  | Floor Open to the Public  | Dr. Robert Goubeaux |
| IV.   | Review/Approve Agenda   | All                 |
| V.    | Review/Approve Minutes of April 23, 2021                                | All                 |
| VI.   | Reports   |                     |
|       | • Membership Vacancies  | Marlen Meizoso      |
|       | • Partnership Report (pending)  | Marlen Meizoso      |
|       | • Ryan White Program  | Carla Valle-Schwenk |
|       | • ADAP Program  | Dr. Javier Romero   |
| VII.  | Standing Business   |                     |
|       | • 2021 Calendar of Activities/Work Plan Update                          | All                 |
| VIII. | New Business  |                     |
|       | • TTRA update   | Carla Valle-Schwenk |
|       | • Primary Medical Care Standards  | All                 |
| IX.   | Announcements   | All                 |
| X.    | Next Meeting: <b>August 27, 2021</b> at Main Library- <b>Auditorium</b> | Dr. Robert Goubeaux |
| XI.   | Adjournment   | Carlos Palacios     |



*Please turn off or mute cellular devices – Thank you*

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com)

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership/](https://instagram.com/hiv_partnership/)

## Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards

Drafted and Reviewed by the Medical Care Subcommittee  
and Approved by the  
Miami-Dade HIV/AIDS Partnership

**Statement of Intent:** All local Ryan White Program-funded practitioners are required by contract to adhere, at a minimum, to the Public Health Service (PHS) Guidelines.

### Requirements

#### 1. Requirements for Practitioners (Physicians, ~~Advanced Practice Registered Nurse, and Physician Assistants~~):

- Practitioner must be a Physician (MD or DO), Nurse Practitioner, or Physician Assistant with current and valid license to practice medicine within the State of Florida
- Practitioners must have a minimum experience treating 20 HIV+ clients over the past two years or currently working and under supervision of a practitioner meeting these qualifications
- Practitioners are strongly encouraged to complete at least 30 hours of HIV-related Continuing Medical Education (CME) Category 1 credits within a period of two years. When a new practitioner is working with a contracted practitioner, new practitioner is encouraged to comply within one year.
- New practitioners should be linked to existing Ryan White Program providers, AETC or through an AAHIVM specialist to support the new provider. Clarity needed.
- New providers will receive a chart review within 6 months. Clarity needed.
- Treat and monitor patients in adherence with current DHHS Guidelines and other standards of care, to include, but not limited to:
  - a. DHHS Clinical Guidelines  
<https://clinicalinfo.hiv.gov/en/guidelines>
  - b. US Preventive Taskforce  
<https://www.uspreventiveservicestaskforce.org/uspstf/>
  - c. American Cancer Society Guidelines for the Early Detection of Cancer  
[http://www.cancer.org/docroot/PED/content/PED\\_2\\_3X\\_ACS\\_Cancer\\_Detection\\_Guidelines\\_36.asp](http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp)
  - d. European AIDS Clinical Society (EACS) guidelines on the prevention and management of metabolic diseases in HIV  
<https://www.eacsociety.org/guidelines/eacs-guidelines/>
  - e. ACC/AHA Guideline on the Treatment of Blood Cholesterol  
<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625>
  - f. CDC Recommended Adult Immunization Schedule  
<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>
  - g. Incorporating Recommendations for HIV Prevention with Adults and Adolescents with HIV in the US  
<http://stacks.cdc.gov/view/cdc/26062>
  - h. Although not paid for by the Ryan White Program, below are PrEP, nPEP and PEP guidelines:

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Deleted: <http://www.eacsociety.org/guidelines/eacs-guidelines/eacs-guidelines.html>

Deleted: [http://circ.ahajournals.org/content/129/25\\_suppl\\_2/S1](http://circ.ahajournals.org/content/129/25_suppl_2/S1)

<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>  
<https://www.cdc.gov/hiv/clinicians/prevention/prep-and-pep.html>  
<https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

- i. National HIV Curriculum  
<https://www.hiv.uw.edu/alternate>
- j. American Association for the Study of Liver Diseases  
<https://www.aasld.org/publications/practice-guidelines-0>
- k. HIV Drug Interactions University of Liverpool  
<https://hiv-druginteractions.org/>
- l. HEP Drug Interactions University of Liverpool  
<https://www.hep-druginteractions.org/>
- m. American Medical Association Telehealth Quick Guide  
<https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>
- n. Miami-Dade County Ryan White Program Test and Treat / Rapid Access (TTRA) Protocol  
<https://www.miamidade.gov/grants/library/ryanwhite/section-XIV-test-treat-rapid-access-protocol.pdf>
- o. Miami-Dade County Ryan White Program Telehealth Policy  
<https://www.miamidade.gov/grants/library/ryanwhite/telehealth.pdf>

- Follow an action plan to address any areas for performance improvement that are identified during quality assurance reviews.

### Telehealth

Telehealth may be used in place or conjunction with an office visit. Necessary assessments will be conducted as needed and follow-ups will be scheduled as appropriate.

#### ***Minimum Standards by Which Practitioners Will Be Measured***

#### **Assessments and Referrals**

- 2. **Initial** - At initial visit:
  - a. If enrolled as a Test and Treat/Rapid Access (TTRA) client (patient), follow TTRA protocol for visit
  - b. Comprehensive initial history
  - c. Mental health and substance abuse assessment
  - d. Physical examination, including review of systems
  - e. Vital signs, including weight, BMI, height (no shoes) This may not happen on first visit due to COVID and telehealth but should be scheduled for inhouse appt ASAP
  - f. Gynecological exam per guidance for females-need consent for all Paps now
  - g. Wellness exam for females
  - h. Rectal examination and stool guaiac testing-not done usually (FIT or GI referral for colonoscopy); **Need consent for all Paps including males**
  - i. Sexually transmitted infection assessment as appropriate including at a minimum GC, Chlamydia at anatomical sites of potential exposure, RPR, and for females trichomoniasis NAAT of vaginal secretions.
  - j. Age appropriate cancer screening
  - k. Adherence to medications
  - l. Risk reduction

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https://aidsinfo.nih.gov/contentfiles/healthcareoccupexpgl.pdf¶  
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- m. Safer sex practices-discussions may include PrEp, PEP, nPep for sexual partners and should include condom usage
- n. Pregnancy Planning:
  - 1) Preconception counseling for men and women
  - 2) Contraceptive counseling for men and women including assessment and type of birth control method
- o. Targeted initial history and physical examination with expectation that a complete history and physical examination will be completed within 12 months.
- p. Education that they should never run out of ARV medications and need to call the FDOH-MDC clinic if they cannot obtain ART.

**Item to be covered by subrecipient staff:** Documented HIV education, including: transmission, reduction of morbidity/mortality with ART; resistance; compliance with ARV and office visits and lab monitoring; life expectancy; divulging HIV status and state statute

- 3. **Interim Monitoring and Problem-Oriented visits** - At every visit:
  - a. Vital signs, including weight/BMI-may not occur every time with telehealth
  - b. Physical examination related to specific problem, as appropriate
  - c. Interval changes in vital signs addressed, especially trend in weight over time
  - d. Adherence to medications and lab and office visits for monitoring
  - e. Risk reduction
  - f. Safer sex practices-discussions may include PrEp, PEP, nPep for sexual partners and should include condom usage
  - g. Interval risk for acquiring STD and screening as indicated
  - h. In women of childbearing age, assessment of adequate contraception
- 4. **Annual** - At each annual visit:
  - a. Update comprehensive initial history, as appropriate
  - b. Physical examination, including review of systems
  - c. Vital signs, including weight, BMI, height (no shoes)-may not occur every time with telehealth. Annual exams should be conducted in office and include the above.
  - d. Interval changes in vital signs addressed, especially trend in weight/BMI over time
  - e. Mental health and substance abuse assessment
  - f. Gynecological exam per guidance for females -may need to be scheduled if done by telehealth, should be conducted in office.
  - g. Wellness exam for females
  - h. Rectal examination and stool guaiac testing-not done usually (FIT or GI referral for colonoscopy)
  - i. Sexual transmitted infection assessment
  - j. Age appropriate cancer screening
  - k. Adherence to medications
  - l. Risk reduction
  - m. Safer sex practices-discussions may include PrEp, PEP, nPep, for sexual partners and should include condom usage
  - n. Preconception counseling for men and women

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**Assess and document health education on:**

- o. Nutritional assessment/care
- p. Oral health care
- q. Mental Health assessment (particularly clinical depression)/care

- r. Exercise
- s. Drugs/Alcohol/Tobacco (including smokeless) assessment/care
- t. Domestic violence
- u. Birth control
- v. Advance Directives (completion or review)

**Item to be covered by subrecipient staff:** If client knows of others who need PrEP or Test and Treat / Rapid Access, information and referral are offered.

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**5. Additional Charting/Documentation at least annually:**

- a. Problem list complete and up-to-date
- b. Medications list complete with start and stop dates, dosages
- c. Allergies list complete and up-to-date
- d. Immunization list complete and up-to-date

**Assessments to be included at Incremental Visits**

**HIV Specific**

- 6. **CD4 cell count**<sup>i</sup> - Entry into care; at ART initiation or modification; every 3-6 months during the first 2 years of ART, or if viremia develops while patient is on ART, or if CD4 count is <300 cells/mm<sup>3</sup>; every 12 months after 2 years on ART with consistently suppressed viral load, CD4 count 300-500 cells/mm<sup>3</sup>, if CD4 count >500 cells/mm<sup>3</sup>: CD4 monitoring is optional; if ART initiation is delayed monitor every 3-6 months; if treatment failure or if clinically indicated. *In accordance with the HRSA HAB performance measures, the local program defines consistently suppressed viral load as <200 copies/ml.*
- 7. **HIV viral load**<sup>i</sup> - Entry into Care; at ART initiation or modification; 2-8 weeks after ART initiation or modification if HIV RNA is detectable at 2-8 weeks, repeat testing every 4-8 weeks until viral load is suppressed to <200 copies/mL. Thereafter, repeat testing every 3-6 months; every 3 to 6 months or every 6 months, in patients on ART, viral load typically is measured every 3-4 months. More frequent monitoring may be considered in individuals who are having difficulties with ART adherence. However, for adherent patients with consistently suppressed viral load and stable immunologic status for more than 2 years, monitoring can be extended to 6-month intervals; if ART initiation is delayed, repeat testing is optional; treatment failure or if clinically indicated.
- 8. **ARV therapy is recommended and discussed**<sup>i,iv</sup> - Risks and benefits are discussed including reduced morbidity and mortality and prevention of HIV transmission to others and if treatment initiated, follow-up with adherence. If refused, document in record and refer to ARTAS and or Department of Health Treatment Adherence Specialist.
- 9. **Treatment of opportunistic infections and prophylaxis for opportunistic infections**<sup>ii</sup> - Specifically, but not limited to, Mycobacterium avium complex (MAC), Pneumocystis jirovecii pneumonia (PCP), and Toxoplasmosis (Toxo) prophylaxis per DHHS Guidelines.
- 10. **Resistance Testing**<sup>i</sup> - Entry into care; at ART initiation or modification; if ART initiation is delayed; treatment failure or clinically indicated. Based on current rates of transmitted drug resistance to different ARV medications, standard genotypic drug-resistance testing in ARV-naïve-persons should focus on testing for mutations in the reverse transcriptase and protease genes. If transmitted INSTI resistance is a concern or if a person presents with



viremia while on an INSTI, providers should also test for resistance mutations to this class of drugs. In ART-naïve patients who do not immediately begin ART, repeat testing before initiation of ART is optional if resistance testing was performed at entry into care. In patients with virologic suppression who are switching therapy because of toxicity or for convenience, viral amplification will not be possible; see the [DHHS](#) section on Drug Resistance Testing for discussion of the potential limitations and benefits of proviral DNA assays in this situation. Results from prior resistance testing can be helpful in constructing a new regimen.

11. **HLA-B\*5701**<sup>i</sup> - If considering start of abacavir (ABC) at ART initiation or modification and document in record carrying data forward to most current volume. *(Currently not paid for by the Ryan White Program due to payer of last resort restrictions; must access ViiV sponsored testing directly through labs. For LabCorp, HLA-AWARE HLA-B\*5701 ViiV code #006940 and for Quest Diagnostic ViiV HLA-B\*B5701 test code #19774)*
12. **Tropism testing**<sup>i</sup> - If considering use of CCR5 antagonist ([requires plasma HIV RNA level](#), [≥ 1000 copies/mL](#)) in ART initiation or modification, or for patients experiencing virologic failure on a CCR5 antagonist-based regimen or if clinically indicated. If performed, record carried forward to most current volume.

Deleted: viral load

Deleted: must be

Formatted: Centered

<sup>i</sup> Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents.

<https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/tests-initial-assessment-and-follow?view=full>. Accessed on [July 19, 2021](#).

<sup>ii</sup> Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection/whats-new-guidelines>. Accessed [July 19, 2021](#).

<sup>iii</sup> Screening for Anal Dysplasia and Cancer in Patients with HIV. <https://www.hivguidelines.org/hiv-care/anal-dysplasia-cancer/>. Accessed [July 19, 2021](#).

<sup>iv</sup> Sexually Transmitted Diseases Guidelines, 2015. June 5, 2015. MMWR 2015. vol. 64, no. 3. <https://www.cdc.gov/std/tg2015/tg-2015-print.pdf>. Accessed [July 19, 2021](#).



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee Friday, July 23, 2021

9:30 a.m. – 11:30 a.m.

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium  
Miami, FL 33130

### AGENDA

- |       |   |                     |
|-------|---|---------------------|
| I.    | Call to Order/Introductions   | Carlos Palacios     |
| II.   | Resource Persons  | Carlos Palacios     |
| III.  | Floor Open to the Public  | Dr. Robert Goubeaux |
| IV.   | Review/Approve Agenda   | All                 |
| V.    | Review/Approve Minutes of April 23, 2021                                | All                 |
| VI.   | Reports   |                     |
|       | • Membership Vacancies  | Marlen Meizoso      |
|       | • Partnership Report (pending)  | Marlen Meizoso      |
|       | • Ryan White Program  | Carla Valle-Schwenk |
|       | • ADAP Program  | Dr. Javier Romero   |
| VII.  | Standing Business   |                     |
|       | • 2021 Calendar of Activities/Work Plan Update                          | All                 |
| VIII. | New Business  |                     |
|       | • TTRA update   | Carla Valle-Schwenk |
|       | • Primary Medical Care Standards  | All                 |
| IX.   | Announcements   | All                 |
| X.    | Next Meeting: <b>August 27, 2021</b> at Main Library- <b>Auditorium</b> | Dr. Robert Goubeaux |
| XI.   | Adjournment   | Carlos Palacios     |








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For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com)

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# August 2021

## Ryan White Part A/MAI Program and Miami-Dade HIV/AIDS Partnership Calendar

S	Monday	Tuesday	Wednesday	Thursday	Friday	S		
1	<b>2</b> Miami-Dade HIV/AIDS Partnership <b>Executive Committee</b> <i>(Meets as needed)</i>	3	4	<b>5</b> Miami-Dade HIV/AIDS Partnership <b>Care &amp; Treatment Committee</b> <b>NEEDS ASSESSMENT PART III</b> <b>10:00 AM – 12:00 PM</b> Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130	6	7		
8	<b>9</b> Miami-Dade HIV/AIDS Partnership <b>Prevention Committee &amp; Strategic Planning</b> <b>Committee Joint Integrated Plan Review Team</b> <b>10:00 AM – 12:00 PM</b> Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130	10	<b>11</b> Miami-Dade HIV/AIDS Partnership <b>Housing Committee</b> <b>2:00 PM – 4:00 PM</b> Behavioral Science Research Corporation, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	12	13	14		
15	<b>16</b> <b>Miami-Dade HIV/AIDS Partnership</b> <b>10:00 AM – 12:00 PM</b> Miami-Dade County Main Library 101 West Flagler Street Auditorium Miami, FL 33130	17	18	<b>19</b> Miami-Dade HIV/AIDS Partnership <b>Housing Committee</b> <b>**New date: August 11, 2021**</b>	<b>20</b>  <b>Southern HIV/AIDS</b> <b>Awareness Day</b>  Clinical Quality Management Committee (CQMC) <b>9:30 AM – 11:30 AM</b> <b>Zoom Meeting – RSVP Required</b>	21		
22	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <b>Print It</b>  <b>Post It</b>   <b>Pass It Around</b>  </div>		<b>24</b>	<b>25</b> Ryan White Program Medical Case Manager Supervisor Training <b>9:00 AM – 5:00 PM</b> Borinquen Healthcare Center 3601 Federal Highway Conference Room, 3rd Floor Miami, FL 33137	<b>26</b>	<b>27</b> Miami-Dade HIV/AIDS Partnership <b>Medical Care Subcommittee</b> <b>9:30 AM – 11:30 AM</b> Miami-Dade County Main Library 101 West Flagler Street Auditorium Miami, FL 33130	28	
29	<b>30</b> Miami-Dade HIV/AIDS Partnership <b>Community Coalition Roundtable Luncheon</b> <b>12:00 PM – 2:00 PM</b> TBD	<b>31</b> Minority AIDS Initiative Clinical Quality Management (MAI CQM) Team <b>9:30 AM – 11:30 AM</b> <b>Zoom Meeting – RSVP Required</b>					All events listed on this calendar are open to the public. Meetings of the Clinical Quality Management Committee and Minority AIDS Initiative Clinical Quality Management Team are held via Zoom; all other meetings are held in person at the locations indicated on this calendar.  <b>PLEASE RSVP</b> Scan the QR Code to RSVP or contact us at <a href="mailto:cbontempo@behavioralscience.com">cbontempo@behavioralscience.com</a> , <a href="mailto:marlen@behavioralscience.com">marlen@behavioralscience.com</a> or (305) 445-1076.  To request material in accessible format, a sign language interpreter, CART (Communication Access Real-time Translation) services, and/or any other accommodation to participate in this or any other Miami-Dade HIV/AIDS Partnership meeting, please contact Marlen Meizoso or Christina Bontempo at (305) 445-1076 or send an e-mail to <a href="mailto:hiv-aidsinfo@behavioralscience.com">hiv-aidsinfo@behavioralscience.com</a> at least five (5) calendar days in advance to initiate your request. TTY users may also call 711 (Florida Relay Services).	

Version 07/12/21 Information on this calendar is subject to change.



# MIAMI-DADE HIV/AIDS PARTNERSHIP

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|       | • Primary Medical Care Standards                                 | All                        |
| IX.   | Announcements  | All                        |
| X.    | Next Meeting: <b>August 27, 2021</b> at Main Library- Auditorium | <b>Dr. Robert Goubeaux</b> |
| XI.   | Adjournment  | Carlos Palacios            |



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